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COLOR PRESCRIPTION FORM FOR COSMETIC GLOVES

295 091

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Approved:

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Director

*Qualified requesters may obtain copies of this report from ASTIA.

A B S T R A C T

A technique is described for achieving more custom-like coloring of cosmetic gloves. The method involves the use of a color prescription form which can be used to describe in greater detail the characteristics of those portions of the human hand of greater cosmetic significance.

I. Introduction

The range of colors to which cosmetic gloves worn by amputees over mechanical hands are tinted was determined by measuring the dorsal hand surfaces of 175 Caucasian subjects and 175 Negroes using physical instruments. From the data obtained, six shades for Caucasian and six for Negroes were selected.

After several years of commercial experience with these shades, the data indicated that the match obtained with the Negro shade guide was excellent. However, in regard to the Caucasian matches, it appeared that two additional shades toward the higher reflectancy values were indicated and that for each reflectancy value there should be a red, neutral, and yellow hue. This shade guide for the Caucasian population would consist of eight reflectancies with three hues to each reflectancy making 24 colors in all.

II. Shade Guide

The shade guide developed was prepared for use as follows:

A total of 24 swatches of different color shades was prepared and used to select the overall dorsal shade of the hand.

For the knuckles and palm there is a separate color shade guide. It consists of three swatches mounted on a cardboard:

No. 1 Red, light red in color

No. 2 Red, dark red in color

No. 3 Red, purplish red in color.

Each swatch has three distinct shades: light, medium, and dark.

The fingernail color shade guide consists of six finger tips mounted on a cardboard showing the three basic colors:

No. 1 Pink, light pink

No. 2 Pink, reddish pink

No. 3 Pink, purplish pink.

There are two finger tips to each color: A, light in shade and B, dark in shade.

The various swatches are supplied to the individual shops for use in specifying the glove color desired and these data are recorded on the Glove Color Prescription Form.

III. Description of the Glove Color Prescription Form

The appended Color Prescription Form is divided into two sections:

In Section I general information is requested concerning the date, name of patient, file or claim number, address, age, and occupation.

Section II covers glove color detail and specifies the standard glove shade plus other coloring information.

A hand chart was made to illustrate different portions of the hand, such as the fingernail tips and half-moons. When fixing out the hand chart, the outlines of the fingernail tips and half-moons are specified by sketching the sizes of the fingernail tips and half-moons. Freckles and hair on the dorsal side of the hand are also indicated. After completion of the form it is submitted to the glove manufacturer for implementation.

IV. Results and Discussion

In cooperation with the Veterans Administration Prosthetic Center, the laboratory set up an experiment simulating an industrial situation. The V.A. selected amputees and determined the overall shade guide number. They then completed the Glove

Color Prescription Form as required. The form was mailed to the colorist at APRL who followed the instructions on the form.

A comparison of the glove compound using this technique with that prepared according to standard practice indicated that improved cosmesis could be obtained utilizing the form.

The coloring scheme should not be considered a replacement of the present method of glove coloring but rather an adjunct to it. It should be of particular interest to those amputees desiring a somewhat more custom-tinted glove.

V. Recommendation

It is recommended that the technique be checked further by a larger number of cooperating limb shops utilizing patients of varying hand hues.

VI. Acknowledgment

It is with pleasure the author acknowledges the cooperation and assistance by the staff of the Veterans Administration Prosthetic Center, and Mr. John J. Urban of this Laboratory.

GLOVE COLOR PRESCRIPTION FORM

INSTRUCTIONS:

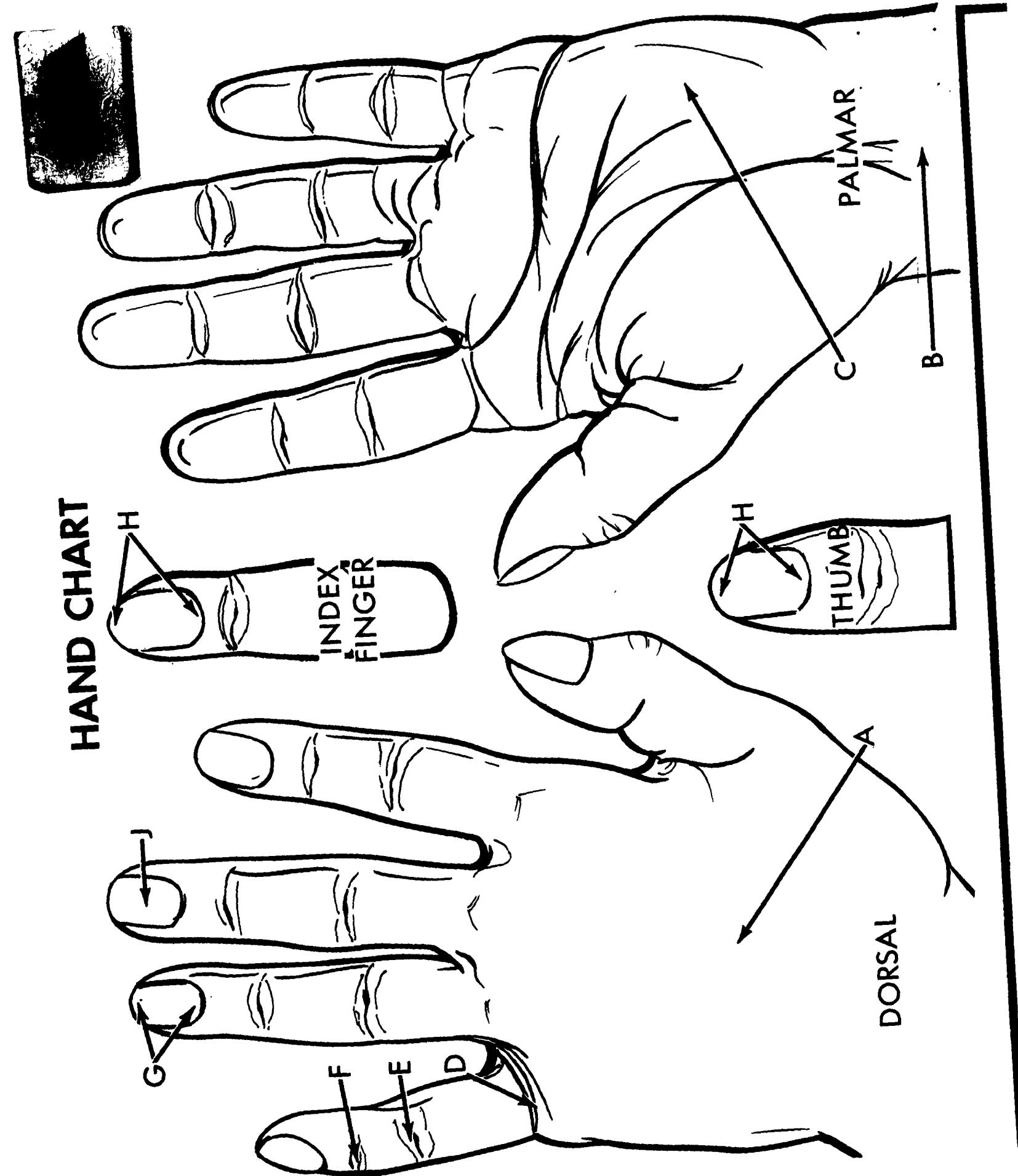
This form should be completed in duplicate. One copy should be sent to the facility selected for preparation of the glove; the other, retained for reference. Complete all parts (A through H) of Section I, General Information. To complete Section II, the patient must of course be present. Preferably, his normal hand should be observed under natural light during midday. It is also good practice to view the hand in three positions: (1) while held horizontally, (2) while held vertically, fingers pointing up and (3) while held vertically, fingers pointing down.

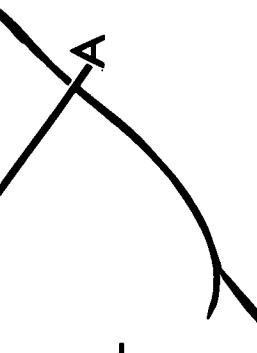
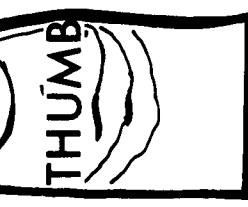
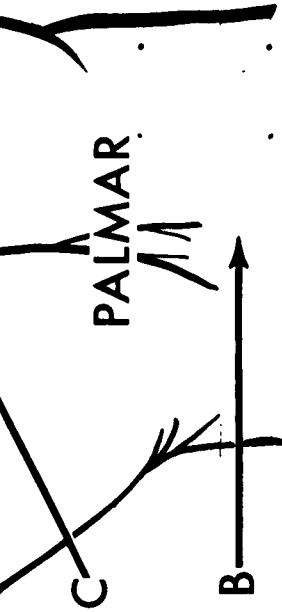
The color and details of the normal hand may then be compared to the GENERAL COLOR SHADE GUIDE, the KNUCKLE AND HAND PALM GUIDE, and the FINGERNAIL GUIDE. (These last two guides are placed on a single card; the GENERAL COLOR SHADE GUIDE consists of a number of swatches). Complete Section II using the hand outlines on the HAND CHART where specified.

SECTION I. GENERAL INFORMATION

- A. DATE _____
- B. NAME OF PATIENT _____
- C. FILE OR CLAIM NO. _____
- D. STREET ADDRESS _____
- E. CITY _____
- F. STATE _____
- G. AGE _____ YRS.
- H. OCCUPATION _____

HAND CHART





SECTION II. GLOVE DETAIL

COSMETIC GLOVE MOLD - NIELSON MILTON OTHER SPECIFY _____

(A) DORSAL SHADE (SPECIFY SWATCH # _____)

CHECK FRECKLE COLOR - LIGHT BROWN _____, DARK BROWN _____

CHECK FRECKLE SIZE

INDICATE ON THE HAND CHART (ABOVE) THE APPROXIMATE AMOUNT OF FRECKLES ON THE DORSAL SIDE (AREA A)

(B) PALMAR SURFACE OF FOREARM
(SPECIFY SWATCH # _____)

(C) HAND PALM (CHECK ONLY ONE)

#1 RED:	LIGHT _____	MEDIUM _____	DARK _____	
#2 RED:	LIGHT _____	MEDIUM _____	DARK _____	
#3 RED:	LIGHT _____	MEDIUM _____	DARK _____	

BLOTTCHED? YES _____ NO _____

(D, E, F) KNUCKLES (CHECK ONLY ONE)

#1 RED:	LIGHT _____	MEDIUM _____	DARK _____	
#2 RED:	LIGHT _____	MEDIUM _____	DARK _____	
#3 RED:	LIGHT _____	MEDIUM _____	DARK _____	

(G) HALFMOON AND FINGERNAIL TIP COLOR (CHECK ONE)

WHITE, LIGHT IN COLOR _____	WHITE, HEAVY IN COLOR _____
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(H) INDICATE HALFMOON AND FINGERNAIL TIP SIZE ON HAND CHART (ABOVE)

(I) OVERALL FINGERNAIL COLOR (CHECK ONLY ONE)

#1 PINK: <input type="checkbox"/>	A _____ B _____
#2 REDDISH PINK: <input type="checkbox"/>	A _____ B _____
#3 PURPLISH PINK: <input type="checkbox"/>	A _____ B _____

(J) VEIN COLOR (CHECK ONE)

LIGHT _____	MEDIUM _____	DARK _____
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(L) IF HAIR IS DESIRED, OUTLINE AREAS ON HAND CHART (ABOVE)

CHECK: LIGHT GROWTH _____, HEAVY GROWTH _____

REMARKS:

NOTES: SECTIONS II (A) and II (B) are completed using swatches from the GENERAL COLOR SHADE GUIDE. SECTIONS II (C) through II (F) are completed using the KNUCKLE AND HAND PALM GUIDE. SECTION II (J) is completed using the FINGERNAIL GUIDE.

THE HAND CHART (above) should be used for FRECKLES (II-A), HALFMOON AND FINGERNAIL TIP SIZE (II-H), AND IF DESIRED, HAIR AREAS (II-L).

NAME OF PERSON COMPLETING THIS FORM: _____

(Continue on Back Page, if necessary)

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ABSTRACT CARD TITLE: Color Prescription Form For Cosmetic Gloves AUTHOR: Joseph E. Ouellette AGENCY: USA Prosthetics Res. Lab. Walter Reed AMC, Washington 12, D. C. TECH. RPT. 6301 Project 6X59-01-001-04	AD _____ * _____ 1. Glove, Cosm.-Color Prescription 2. Color Shade UNCLASSIFIED	TITLE: Color Prescription Form For Cosmetic Gloves AUTHOR: Joseph E. Ouellette AGENCY: USA Prosthetics Res. Lab. Walter Reed AMC, Washington 12, D. C. TECH. RPT. 6301 Project 6X59-01-001-04	ABSTRACT: A technique is described for achieving more custom-like coloring of cosmetic gloves. The method involves the use of a color prescription form which can be used to describe in greater detail the characteristics of those portions of the human hand of greatest cosmetic significance.
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